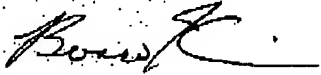
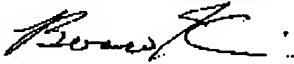


MAR 16 2006

TRANSMITTALFORM	Application No.	10/672,382
	Filing Date	September 25, 2003
	First Named Inventor	Michael Cortopassi
	Art Unit	2173
	Examiner	To Be Determined
Total Number of Pages in This Submission 9	Attorney Docket Number	2936.PALM.PSI.CON

ENCLOSURES(check all that apply)				
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declarations <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): _____		
<table border="1"> <tr> <td>REMARKS</td> <td></td> </tr> </table>			REMARKS	
REMARKS				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT				
Firm or Individual Name	Bosco B. Kim			
Signature				
Date	March 16, 2006			

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or Printed Name	Bosco B. Kim		
Signature		Date	March 16, 2006

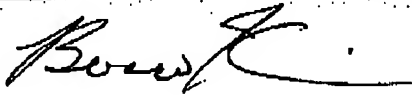
MAR 16 2006
Attorney Docket No.: 2936.PALM.PSI.CON**FEETRANSMITTAL**

FEETRANSMITTAL	Serial Number	10/672,382
	Attorney Docket No.	2936.PALM.PSI.CON
	First Inventor	Michael CORTOPASSI
	Group Art Unit	2173
	Examiner	To Be Determined

<input type="checkbox"/>	Applicant claim small entity status (See 37 CFR 1.27)
--------------------------	--

FEECALCULATION			
BASIC FILING FEE			FEE PAID
Basic Fee (37 CFR 1.16(a), (b) or (c))			\$0
Search Fee (37 CFR 1.16(k), (l) or (m))			\$0
Examination Fee (37 CFR 1.16(o), (p) or (q))			\$0
Utility Application Size Fee - for each additional 50 sheets that exceeds 100 sheets			\$0
EXTRA CLAIMS FEES			FEE PAID
Total Claims	29 - 20	= 0 X \$50.00 =	\$450.00
Independent Claims	6 - 3	= 0 X \$200.00 =	\$600.00
Multiple Dependent Claims		= \$180.00	\$0
TOTAL			\$1,050.00

METHOD OF PAYMENT	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> Other
<input type="checkbox"/> None	
<input checked="" type="checkbox"/> Deposit Account	
Deposit Account Number: 50-3102	
The Director is authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated above	<input checked="" type="checkbox"/> Credit any overpayments
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)	
<input type="checkbox"/> Charge fee(s) indicated above, except for the filing fee	
to the above identified Deposit Account.	

SUBMITTED BY			
Signature		Date	March 16, 2006
Name (Print/Type)	Bosco Kim	Reg. No.	41,896

Application No.: 10/672,382
Preliminary Amendment dated: March 16, 2006

RECEIVED
MAR 16 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

Michael CORTOPASSI et al.

Serial No.: 10/672,382

Filed: September 25, 2003

For: METHOD AND APPARATUS
FOR USING PRESSURE
INFORMATION FOR
IMPROVED COMPUTER
CONTROLLED
HANDWRITING
RECOGNITION, DATA
ENTRY, AND USER
AUTHENTICATION

Customer No.:	49,637
Group Art Unit:	2173
Examiner:	To Be Determined
Atty. Docket No.:	2936.PALM.PSI.CON

03/17/2006 HTECKLU1 00000014 503102 10672382

01 FC:1202 450.00 DA
02 FC:1201 600.00 DA

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SECOND PRELIMINARY AMENDMENT

Dear Sir/Madam:

Prior to examination on the merits, please amend the above-identified patent application as follows:

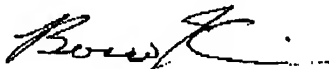
Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.

CERTIFICATE OF TRANSMISSION UNDER 37 CFR §1.8

I hereby certify that this document (along with any referred to as being attached or enclosed) is being facsimile transmitted to the United States Patent and Trademark Office, facsimile number (571) 273-8300 on March 16, 2006.

March 16, 2006
Date



Bosco Kim, Registration No. 41,896